

# **Quarterly Data Report Requirements**

## **APPENDIX D – Pages 73-75 of Federal Communications Commission FCC 07-198**

### **1. Project Contact and Coordination Information**

a. Identify the project leader(s) and respective business affiliations.

Keith Williams, CEO, Community Health Network, Inc.

b. Provide a complete address for postal delivery and the telephone, fax, and e-mail address for the responsible administrative official.

**Address:**

Community Health Network, Inc.  
PO Box 40  
Oakdale, TN 37829

**Telephone:**

1 (866) 519-2464, ext. 1

**Fax:**

1 (866) 692-5769

**Email:**

keith.williams@communityhealth.net

c. Identify the organization that is legally and financially responsible for the conduct of activities supported by the award.

Community Health Network, Inc.

d. Explain how project is being coordinated throughout the state or region.

To establish TTN, CHN is partnering with the State of Tennessee, the Tennessee Primary Care Association, Tennessee Hospital Association, Tennessee Association of Mental Health Organizations and others to coordinate the project.

The team members will play a key role in planning, guiding and directing the project. CHN will administer the project, managing the vendor bidding and selection process according to FCC requirements, contracting with and providing oversight and coordination with the selected service provider, implementing marketing and network service expansion, billing, accounting, and grant management and reporting. CHN will coordinate the virtual network system, and will serve as a broker for subscribers to obtain the most beneficial cost and managed services package possible.

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### **2. Identify all health care facilities included in the network.**

- a. Provide address (including county), zip code, Rural Urban Commuting Area (RUCA) code (including primary and secondary), six-digit census tract, and phone number for each health care facility participating in the network.
- b. For each participating institution, indicate whether it is:
  - i. Public or non-public;
  - ii. Not-for-profit or for-profit;
  - iii. An eligible health care provider or ineligible health-care provider with an explanation of why the health care facility is eligible under section 254 of the 1996 Act and the Commission's rules or a description of the type of ineligible health care provider entity.

Spreadsheets will be uploaded separately and will include all sites with signed Letters of Agreement to this point. Our list is still under review by Tim Garrett. To this point, we have not worked on enlisting for-profit or otherwise known to be ineligible sites.

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**3. Network Narrative: In the first quarterly report following the completion of the competitive bidding process and the selection of vendors, the selected participant must submit an updated technical description of the communications network that it intends to implement, which takes into account the results its network design studies and negotiations with its vendors. This technical description should provide, where applicable:**

a. Brief description of the backbone network of the dedicated health care network, e.g., MPLS network, carrier-provided VPN, a SONET ring;

**We have not yet entered the competitive bidding process.**

b. Explanation of how health care provider sites will connect to (or access) the network, including the access technologies/services and transmission speeds;

**We have not yet entered the competitive bidding process.**

c. Explanation of how and where the network will connect to a national backbone such as NLR or Internet2;

**We have not yet entered the competitive bidding process.**

d. Number of miles of fiber construction, and whether the fiber is buried or aerial;

**We have not yet entered the competitive bidding process.**

e. Special systems or services for network management or maintenance (if applicable) and where such systems reside or are based.

**NA.**

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**4. List of Connected Health Care Providers: Provide information below for all eligible and non-eligible health care provider sites that, as of the close of the most recent reporting period, are connected to the network and operational.**

None yet.

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**5. Identify the following non-recurring and recurring costs, where applicable shown both as budgeted and actually incurred for the applicable quarter and funding year to-date.**

- a. Network Design
- b. Network Equipment, including engineering and installation
- c. Infrastructure Deployment/Outside Plant
  - i. Engineering
  - ii. Construction
- d. Internet2, NLR, or Public Internet Connection
- e. Leased Facilities or Tariffed Services
- f. Network Management, Maintenance, and Operation Costs (not captured elsewhere)
- g. Other Non-Recurring and Recurring Costs

**As we have not yet entered the competitive bidding process, this information is currently unknown.**

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### **6. Describe how costs have been apportioned and the sources of the funds to pay them:**

a. Explain how costs are identified, allocated among, and apportioned to both eligible and ineligible network participants.

As our project will be for subscribed services, eligible charges will be apportioned at a 15% rate to eligible participants and 100% to ineligible participants.

b. Describe the source of funds from:

i. Eligible Pilot Program network participants

**Their 15% will be from their operating funds.**

ii. Ineligible Pilot Program network participants

**Their 100% will be from their operating funds.**

c. Show contributions from all other sources (e.g., local, state, and federal sources, and other grants).

i. Identify source of financial support and anticipated revenues that is paying for costs not covered by the fund and by Pilot Program participants.

**The State of Tennessee has granted CHN up to \$350,000 towards administering the grant, not to be used towards services provided through the project.**

ii. Identify the respective amounts and remaining time for such assistance.

**Up to \$350,000 with a time frame to match the Rural Healthcare Pilot Program.**

d. Explain how the selected participant's minimum 15 percent contribution is helping to achieve both the selected participant's identified goals and objectives and the overarching goals of the Pilot Program.

**The participant's minimum 15% contribution will meet their requirement to participate in the Network of non-profit providers across the State of Tennessee, which will allow them to connect securely to all other participants in order to engage in collaborative initiatives with as many other participants as possible. The participants' goals are common to the Pilot Program goals, to facilitate connectivity (with a concentration on rural areas) which will thereby facilitate collaborations and sharing of services and programs which will improve the state of healthcare in Tennessee.**

Our TTN pilot proposal has been specifically designed to meet and exceed the four main goals of the FCC's Rural Health Care Pilot Program by providing:

- Goal 1: A broadband network that connects multiple health care providers to bring the benefits of innovative telehealth to those areas of the country where the need for those benefits is most acute. *The TTN proposal includes more than 440 sites, with nearly one-third of these sites in highly rural areas of*

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*Tennessee, Mississippi, Arkansas, and Kentucky as classified by Rural*

*Urban Commuting Area codes.*

- Goal 2: Linking statewide and regional networks to a nationwide backbone to connect a number of government research institutions, as well as academic, public, and private health care institutions that are important sources of medical expertise and information. *TTN will utilize the advanced Internet2 network to support important diabetes research involving three of the state's leading research centers – the University of Tennessee Health Sciences Center, Vanderbilt University, and the Oak Ridge National Laboratory (ORNL).*
- Goal 3: Health care providers will gain increased access to advanced applications in continuing education and research. *TTN builds on more than nine years of extensive experience in offering access to continuing medical higher education and research over broadband connections for health care practitioners in rural areas of Tennessee and in surrounding states.*
- Goal 4: A ubiquitous nationwide broadband network dedicated to health care that will enhance the health care community's ability to provide a rapid, coordinated response in the event of a national crisis. *TTN has support and involvement of the state's public health agencies, and state hospitals and emergency rooms, the first line of response in the event of a national health crisis.*

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#### **7. Identify any technical or non-technical requirements or procedures necessary for ineligible entities to connect to the participant's network.**

Ineligible entities will be required to enter into a contractual agreement to pay 100% of their charges. They will also be required to meet the same technical requirements as the eligible participants as stipulated by the winning bidder vendor.



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### **8. Provide on update on the project management plan, detailing:**

a. The project's current leadership and management structure and any changes to the management structure since the last data report; and

The project's leader is Keith Williams, CEO of CHN and management is his responsibility. He is assisted by other CHN staff including CHN Assistant Director Paul Monroe, CHN Network Administrator Rick Burgin, CHN Information Specialist Brian Pearson and clerical assistance from Kimberly Monroe. The State of Tennessee is also assisting in project with time contributed by several staff persons.

b. In the first quarterly report, the selected applicant should provide a detailed project plan and schedule. The schedule must provide a list of key project deliverables or tasks, and their anticipated completion dates. Among the deliverables, participants must indicate the dates when each health care provider site is expected to be connected to the network and operational. Subsequent quarterly reports should identify which project deliverables, scheduled for the previous quarter, were met, and which were not met. In the event a project deliverable is not achieved, or the work and deliverables deviate from the work plan, the selected participant must provide an explanation.

Our plan is to complete the validation of our site list by USAC and post our form 465 by August 15<sup>th</sup>. As our project is for subscribed services, detailed plans and schedules for the rollout of our Network will be devised by project staff in coordination with the winning bidder/vendor and a detailed plan should be available by the end of the next reporting period. Our goal will be to have all participating sites connected by the end of 2008, rolling them out at a rate of 120 per month but detailed plans and schedules are not possible yet. We look forward to progressing to the point that we have this information to report!

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**9. Provide detail on whether network is or will become self sustaining. Selected participants should provide an explanation of how network is self sustaining.**

The project is expected to become self-sustaining over the three year period of support by facilitating collaborations and shared programs that will improve the quality and efficiency of healthcare delivery by this enhanced means of communication. The Community Health Network and the State of Tennessee will actively seek out and initiate these collaborations and have been doing so since being notified of inclusion in the Rural Healthcare Pilot Program.

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### 10. Provide detail on how the supported network has advanced telemedicine benefits:

a. Explain how the supported network has achieved the goals and objectives outlined in selected participant's Pilot Program application;

NA at this time. We are looking forward to progressing to the point in our project to be able to give a very positive answer as collaborations are already forming in anticipation of the roll out of our project.

b. Explain how the supported network has brought the benefits of innovative telehealth and, in particular, telemedicine services to those areas of the country where the need for those benefits is most acute;

This project will remove the significant barrier to accessing specialty health services by reducing the need for long distance travel to see a medical specialist for many of the patients served by these end-users. On average, end-user health centers are located 1.5 or more hours from the closest major urban center where specialty medical services are available. The project will benefit residents of Tennessee by bringing these needed specialty medical services closer to where they live, in a timelier manner, and at a reduced cost in terms of both money and time.

c. Explain how the supported network has allowed patients access to critically needed medical specialists in a variety of practices without leaving their homes or communities;

NA at this time.

*The TTN will include more than 400 sites, with nearly one-third of these sites in highly rural areas of Tennessee, Mississippi, Arkansas, and Kentucky as classified by Rural Urban Commuting Area codes.*

d. Explain how the supported network has allowed health care providers access to government research institutions, and/or academic, public, and private health care institutions that are repositories of medical expertise and information;

NA at this time.

*TTN will utilize the advanced Internet2 network to support important diabetes research involving three of the state's leading research centers – the University of Tennessee Health Sciences Center, Vanderbilt University, and the Oak Ridge National Laboratory (ORNL). TTN builds on more than nine years of extensive experience in offering access to continuing medical higher education and research over broadband connections for health care practitioners in rural areas of Tennessee and in surrounding states.*

e. Explain how the supported network has allowed health care professional to monitor critically ill patients at multiple locations around the clock, provide access to advanced applications in continuing education and research, and/or enhanced the health care community's ability to provide a rapid and coordinated response in the event of a national crisis.

NA at this time.

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*TTN has the support and involvement of the state's public health agencies, and state hospitals and emergency rooms, the first line of response in the event of a national health crisis.*

### **11. Provide detail on how the supported network has complied with HHS health IT initiatives:**

a. Explain how the supported network has used health IT systems and products that meet interoperability standards recognized by the HHS Secretary;

**NA at this time but we will do so as the project progresses.**

b. Explain how the supported network has used health IT products certified by the Certification Commission for Healthcare Information Technology;

**NA at this time but we will do so as the project progresses.**

c. Explain how the supported network has supported the Nationwide Health Information Network (NHIN) architecture by coordinating activities with organizations performing NHIN trial implementations;

**NA at this time but we will do so as the project progresses.**

d. Explain how the supported network has used resources available at HHS's Agency for Healthcare Research and Quality (AHRQ) National Resource Center for Health Information Technology;

**NA at this time but we will do so as the project progresses.**

e. Explain how the selected participant has educated themselves concerning the Pandemic and All Hazards Preparedness Act and coordinated with the HHS Assistant Secretary for Public Response as a resource for telehealth inventory and for the implementation of other preparedness and response initiatives; and

**In process now in anticipation of roll-out.**

f. Explain how the supported network has used resources available through HHS's Centers for Disease Control and Prevention (CDC) Public Health Information Network (PHIN) to facilitate interoperability with public health and emergency organizations.

**NA at this time but we will do so as the project progresses. This resource review will a part of our RFP construction for our Form 465.**

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**12. Explain how the selected participants coordinated in the use of their health care networks with the Department of Health and Human Services (HHS) and, in particular, with its Centers for Disease Control and Prevention (CDC) in instances of national, regional, or local public health emergencies (e.g., pandemics, bioterrorism). In such instances, where feasible, explain how selected participants provided access to their supported networks to HHS, including CDC, and other public health officials.**

NA at this time.